

## GUIDING PRINCIPLES

### *Interactions with Families Should Be:*

- ◆Strengths-based ◆Needs-driven ◆Family-centered ◆Culturally competent

## SCREENING ASSESSMENT AND REFERRAL

- ✓ Screen for substance use issues at case initiation using a recognized screening tool.
- ✓ Immediately refer individuals with positive indicators for substance use issues to an OASAS licensed treatment provider for assessment.
- ✓ Obtain releases to facilitate shared communication.
- ✓ Share observations and screenings with treatment provider.
- ✓ Develop safety plans for the children.
- ✓ Consider the needs of all family members.
- ✓ If AOD is a factor in the decision to file an abuse/neglect case, also include it in the allegations.
- ✓ If any adult in the household of a family applying for, or receiving DSS benefits, screens positive for substance use disorders (SUD), a mandatory assessment is a requirement for benefits.
- ✓ Work with treatment provider, respondent, and family members to review assessment results and jointly developed service plans.
- ✓ A comprehensive family assessment identifying domestic violence, mental health, physical and environmental issues that present barriers to compliance with the service plans should be completed..

## ENGAGEMENT AND RETENTION

- ✓ Family driven service plans should be developed in collaboration with the family.
- ✓ Service plans should be coordinated so that child welfare activities do not conflict with SUD treatment and Family or Family Treatment Court mandates.
- ✓ Individual system goals, mandates, and services should be included in a unified case plan that is clear to families and service providers. If unified case plans are not feasible, it is especially important that coordinated plans be developed giving clear, consistent guidance to families.
- ✓ Family members should be actively engaged in creating their plans. Identify families resources (relatives, friends, churches, or other support networks) that can participate in creating plans and in supporting families. Families should be welcomed as full participants in multidisciplinary team meetings during which decisions about case plans will be made.

## INFORMATION SHARING

Work collaboratively with family members to obtain releases to exchange information about screening, assessments, and service provision as early in the life of the case as possible to facilitate timely referrals to treatment and supportive services.

### Treatment Providers Need to Know:

- ✓ All community services to which the family is currently linked
- ✓ Risk assessment information
- ✓ Reason for the referral & whether AOD problems were included in the petition
- ✓ Results of prior screening and assessments.
- ✓ Case plan goals for all family members
- ✓ Confirmation that release of information forms are signed
- ✓ Previous history regarding SUD use and child welfare involvement
- ✓ Household composition, and any children permanently removed
- ✓ Client identifying information for benefits (SSN, Medicaid)
- ✓ Ongoing status of children and visitation plan
- ✓ Contact information of caseworker/planner/supervisor
- ✓ Parent/Respondent Court dates and Service Plan Review (SPR) dates
- ✓ Information on child custody issues
- ✓ Results of any Court or CPS-conducted urine tests
- ✓ Status of court case, including closing of court case

## CASE PLANNING AND MONITORING

- ✓ DSS case plans should include: the permanency goal for the child(ren), services to be utilized by the family, and details regarding parent and child(ren) visitation plan.
- ✓ Families should be involved in the development of their service plans
- ✓ All agencies involved with a family need to share information with each other
- ✓ Monitor SUD treatment plan/progress reports and share with SUD Treatment Provider, Family /Family Treatment Court.
- ✓ Plan for joint response to relapse on an individual basis.

## DISCHARGE PLANNING

Start early to identify discharge planning needs, working with the SUD provider to regularly review and update the plan until treatment is completed or the case is closed. The Discharge Plan should incorporate:

- ✓ Family intervention services
- ✓ Ongoing monitoring of the family's status after case closure to support ongoing recovery
- ✓ Connection to community-based services for each family member

## SERVICES FOR CHILDREN

- ✓ Don't forget to address SUD screening and referral of age appropriate children.
- ✓ Utilize formal adolescent screening instruments (see appendix) and obtain appropriate releases/consents for information sharing.
- ✓ Children and adolescents should receive comprehensive medical, mental health and risk and protective factor assessments.
- ✓ Consider appropriate screening and referring of young children to Early Intervention (EI) programs.

## SPECIAL CONSIDERATIONS

Families involved with child welfare may be at increased risk for relapse at critical points during their case involvement. Vulnerable points include:

- Before and after court hearings,
- After family visits,
- Shortly before regaining custody of children,
- Shortly before discharge from residential treatment, and
- Shortly before exiting from the child welfare system.

Use relapse episodes to help parents identify factors that trigger SUD use Reinforce that relapse does not equal failure, and re-engage in treatment immediately. Acknowledge the possibility of lapses or relapses by creating safety plans for the children. Parents who learn their triggers can become empowered to plan for the safety of their children and seek healthy ways to neutralize or mitigate triggers.

## ADDITIONAL RESOURCES

A listing of substance use prevention providers in each region can be found at <http://www.oasas.state.ny.us/prevention/index.cfm#>. In addition, providers and system representatives can use the following links to find women and children treatment program and adolescent treatment programs <http://www.oasas.state.ny.us/special/index.cfm#> and other treatment programs <http://www.oasas.state.ny.us/treatment/index.cfm#> throughout New York.